

Work Order ID 89818

September 11, 2012 7:25:14 AM

89818

Page 1

Item ID: D4491-2 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Hinge, Right Upper
 Start Date: 9/11/12 Start Qty: 5.00 ***5*** Cust Item ID:
 Required Date: 9/28/12 Req'd Qty: 5.00 ***5*** Customer:
 Reference:

Approvals: Process Plan: CL Date: 12/09/11 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence	Operation	Set Up/	Tool ID	Tool #	Plan	Accept	Reject	Reject	Insp.
Work Center	Description	Run Hours			Code	Qty	Qty	Number	Stamp

Draw Nbr	Revision Nbr
D4491	A

100		0.00							
100									
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	CUT BLANK 5.7" LONG								

110		0.00							
110									
Purchasing	Memo	0.00							
Purchasing	ISSUE P/O: <u>17997</u>								
	TO ATG								
	C OF C IS REQUIRED								

120		0.00							
120									
QC	Memo	0.00							
Quality Control									

DAS
15
9-23

12 12 12

DAS
16
9-24

12/12/14

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY										
Landing Gear			General							
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube
<input type="checkbox"/> Bend	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Burrs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Countersink	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Drawing	<input type="checkbox"/> Finish	<input type="checkbox"/> Folio
<input type="checkbox"/> Grain	<input type="checkbox"/> Hardware	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Misread	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Temperature/Cure	<input type="checkbox"/> Weld	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Other _____										

Work Order ID 89818

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Page 2

Item ID: D4491-2

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Hinge, Right Upper

Start Date: 9/11/12 Start Qty: 5.00 ***5***

Cust Item ID:

Required Date: 9/28/12 Req'd Qty: 5.00 ***5***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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200 Identify as per dwg & Stock Location: *9/11* 0.00***200***

Packaging Memo 0.00

Packaging

5x *SP*
12-12-18

210 QC21- Final Inspection - Work Order Release 0.00

210

QC Memo 0.00

Quality Control

*12/12/2012**12-19-12*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

September 11, 2012 7:25:13 AM

Page 1

Work Order ID: 89818

Parent Item: D4491-2

Parent Item Name: Hinge, Right Upper

Start Date: 9/11/12

Required Date: 9/28/12

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A NEW ISSUE 12-01-27 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4491-2P Hinge, Right Upper		Purchased	No				Each	0.0000		5		9/4/12/5 (8)	
M304B3.500X03.500 304 BAR 3.500" X 0.500"		Purchased	No				f	0.0000		15.263158			

M123156

2.5 MD 12-09-26

NCR: Yes / No

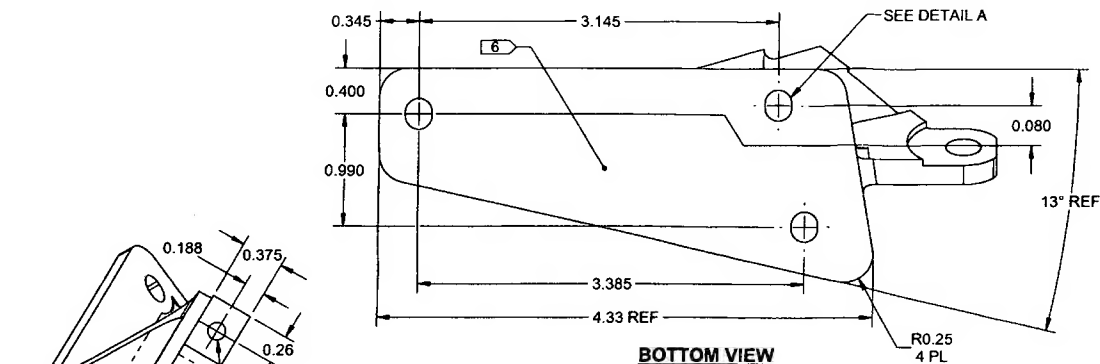
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

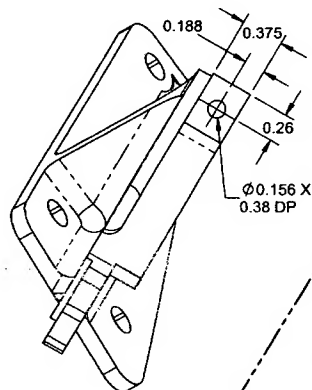
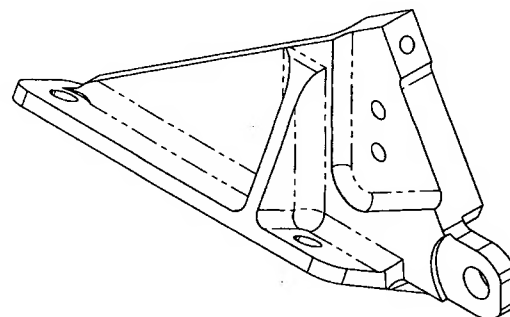
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Equip/Tooling <input type="checkbox"/>											
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Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

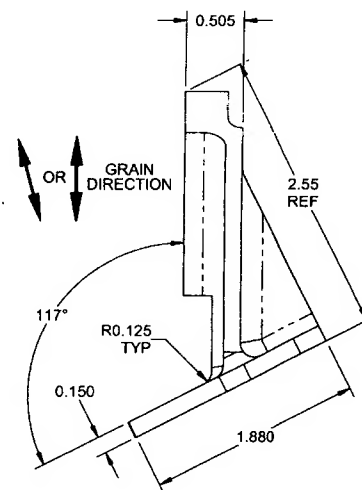
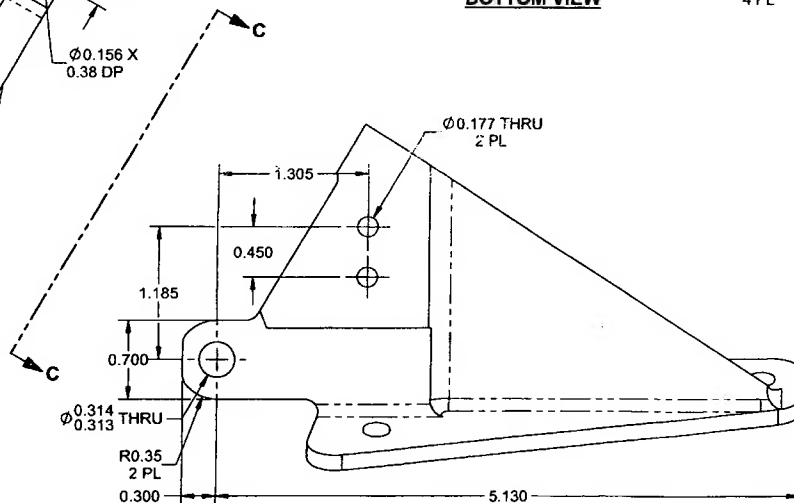
FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



BOTTOM VIEW



VIEW C-C



**DETAIL A
3 PL**

- NOTES:**
- 1) MATERIAL: AISI 303 SS BAR PER ASTM A582
REF DART SPEC M303B OR
AISI 304/316 SS BAR OR PLATE
PER ASTM A276 OR ASTM A240
REF DART SPEC M304B
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY PER QSI044 6.1
 - 7) WEIGHT: 0.61 lbs
 - 8) PROFILE PER DRAWING FILE "D4491-2-REVA.STP"

*CD 12109/11
W10: 89818*

D4491-2 HINGE, RIGHT-UPPER

DESIGN	RP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RP		
CHECKED	ASS	DRAWING NO.	REV. A
MFG. APPR.	SA	D4491	SHEET 5 OF 6
APPROVED	SA	TITLE	SCALE
DE APPR.	SA	DOOR HINGE SETS	NTS
DATE	12.01.23	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR DISCLOSED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

RELEASED
2012-01-26



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17997

Purchase Order Date 9/26/12

PO Print Date 10/03/12

Page Number 1 of 1

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Vendor Phone

613-446-4544

Vendor Fax

613-446-4556

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

FAKED

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

\$ + date delivery.

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D4491-2P	Hinge, Right Upper	11/19/12 Yes	5.00 Each	FedEx PI collect	\$485.0000	\$2,425.00
Special Inst:			AS PER DWG D4491 REV. A B89818				
2	D4491-4P	Hinge, Right Lower	11/19/12 Yes	5.00 Each	FedEx PI collect	\$485.0000	\$2,425.00
Special Inst:			AS PER DWG D4491 REV. A B89819				

PO Total:

\$4,850.00

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr:

2

Change Date: 10/03/12

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required **YES** NO



A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE STREET
ROCKLAND, ON K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 905183

Date: 03-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ship To

CHANTAL LAVOIE
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms	Ship Via
	FED EX
Quantity	Description
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.
5 ea	Part: D4491-2 <i>5m/D</i> Rev: A DOOR HINGE SET, RIGHT-UPPER Job: 13602 PO: PO17997 Line: 1
5 ea	Part: D4491-4 Rev: A DOOR HINGE SET, RIGHT-LOWER Job: 13603 PO: PO17997 Line: 2
DATE : <u>03 Dec 2012</u> CERTIFIED SIGNATURE : <u><i>ATG</i></u> RECEIVER SIGNATURE : _____	
CERTIFICATE OF CONFORMANCE A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT ARE IN CONFORMANCE WITH THE REQUIREMENTS, SPECIFICATIONS, AND DRAWINGS REFERENCED IN THE ABOVE PURCHASE ORDER. I.S.O. 9001 : 2008 REGISTERED / MADE IN CANADA	

